



ICD-10-CM Basic Coding Training

<http://publichealth.nc.gov/lhd/icd10/training.htm>

The Basics Course

For Local Health Departments and Rural Health

Unit 1





Training Objectives

1. Develop a general understanding of ICD-10-CM
 - Why the change from ICD-9-CM to ICD-10-CM
 - Understand the terminology, coding conventions and general coding guidelines for use of the ICD-10-CM classification system
2. Understand how to look up diagnoses in the Alphabetical Index and verify the code in the Tabular List
3. Demonstrate how to accurately assign ICD-10-CM codes using public health scenarios including immunizations



Training Prerequisite

- This Basic course is the prerequisite for all other ICD-10-CM specialized coding training courses
- Basic course is broken down into 4 units that need to be completed in sequential order
 - Unit 1 then Unit 2
 - Unit 2 then Unit 3
 - Unit 3 then Unit 4
- In order to complete this training, access to ICD-10-CM code book or downloads of the 2015 version of ICD-10-CM from the CMS website is needed
 - <http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>



Online version of ICD-10-CM

<http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>

The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom Center, FAQs, Archive, Share, and Help. Below this is a search bar and a menu with categories like Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area is titled '2015 ICD-10-CM and GEMs' and includes a brief description of the new coding system. A 'Downloads' section lists several files for download, including code descriptions, tables, duplicate code numbers, addendums, and mappings. The page footer shows the browser mode as IE9 and document mode as IE9 standards.



Online version of ICD-10-CM

<http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>

Name	Type	Compressed size	Password ...	Size
Drug	Adobe Acrobat Document	2,928 KB	No	3,747 KB
Drug	XML Document	151 KB	No	2,069 KB
E-Index	Adobe Acrobat Document	389 KB	No	477 KB
E-Index	XML Document	79 KB	No	957 KB
Index	Adobe Acrobat Document	3,810 KB	No	4,565 KB
Index	XML Document	976 KB	No	8,702 KB
Neoplasm	Adobe Acrobat Document	879 KB	No	1,051 KB
Neoplasm	XML Document	38 KB	No	567 KB
Tabular	Adobe Acrobat Document	7,072 KB	No	8,158 KB
Tabular	XML Document	770 KB	No	8,520 KB



Key Points

- ICD-9 code sets will be replaced by ICD-10 on October 1, 2015
- In the United States, ICD-10 consists of two parts:
 - ICD-10-CM diagnosis coding used in all U.S. health care settings
 - ICD-10-PCS procedure coding system used in hospitals
- ICD-10 will affect everyone covered by HIPAA
- Outpatient claims for date of service on or after 10/1/15 must be submitted with ICD-10-CM diagnosis codes
- Claims for services provided prior to 10/1/15 must be submitted with ICD-9-CM diagnosis codes
- The change to ICD-10 does not affect CPT coding for outpatient procedures



Key Points

- ICD-10 was developed by the World Health Organization (WHO)
 - On Jan 1, 1999, the US changed from ICD-9 to ICD-10 for the coding and classification of mortality data from death certificates
- The ICD-10-CM classification system was developed by the National Center for Health Statistics as a clinical modification to ICD-10
 - ICD-10-CM is a unique system for use in the US for morbidity and mortality reporting
 - WHO authorized the US to develop a clinical modification but modifications to ICD-10 must conform to WHO conventions for ICD-10
- Any revisions to ICD-10-CM are made via an established update process

What's Changing With ICD-10-CM

ICD-9-CM	ICD-10-CM
3-5 characters	3-7 characters
1 st character numeric or alpha (E or V)	1 st character is always alpha (no 'U')
Characters 2-5 are numeric	Character 2 always numeric; Characters 3-7 can be alpha or numeric
Decimal after first 3 characters; Alpha characters not case sensitive	Decimal after first 3 characters; Alpha characters not case sensitive
382.00 – Acute suppurative otitis media without spontaneous rupture of eardrum	H66.002 – Acute suppurative otitis media without spontaneous rupture of ear drum, left ear
656.13 – Other known or suspected fetal & placental problems affecting management of mother; Rhesus isoimmunization; antepartum condition or complication	O36.0110 – Maternal care for anti-D (Rh) antibodies, first trimester, single gestation
14,000 codes – not much specificity	68,000 codes – greater specificity



Format Structure of ICD-10-CM

ICD-10-CM

Alpha	#	Alpha or #	•	Alpha or #	Alpha or #	Alpha or #	Alpha or #
Category				Etiology, Anatomic site, Severity (possibly dummy placeholder)			Extension
<p>I10 - Hypertension</p> <p>Z20.1 – Contact with and (suspected) exposure to tuberculosis</p> <p>Z00.01 – Encounter for general adult medical examination with abnormal findings</p> <p>E11.649 – Type 2 diabetes mellitus with hypoglycemia without coma</p> <p>O36.0131 – Maternal care for anti-D(Rh) antibodies, third trimester, fetus 1</p> <p>S90.451A – Superficial foreign body, right great toe, initial encounter</p>							



Alphabetic Index— Index to Diseases and Injuries

ICD-10-CM INDEX TO DISEASES and INJURIES

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

A

Aarskog's syndrome Q87.1

Abandonment —see Maltreatment

Abasia (-astasia) (hysterical) F44.4

Abderhalden-Kaufmann-Lignac syndrome (cystinosis) E72.04

Abdomen, abdominal —see *also* condition

- acute R10.0

- angina K55.1

- muscle deficiency syndrome Q79.4

Abdominalgia —see Pain, abdominal

Abduction contracture, hip or other joint —see Contraction, joint

Aberrant (congenital) —see *also* Malposition, congenital

- adrenal gland Q89.1

- artery (peripheral) Q27.8

- - basilar NEC Q28.1

- - cerebral Q28.3

- - coronary Q24.5

- - digestive system Q27.8

- - eye Q15.8

Alphabetic Index –Table of Neoplasms

	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
N						
Neoplasm, neoplastic	C80.1	C79.9	D09.9	D36.9	D48.9	D49.9
- abdomen, abdominal	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
- - cavity	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
- - organ	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
- - viscera	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
- - wall—see also <i>Neoplasm, abdomen, wall, skin</i>	C44.509	C79.2-	D04.5	D23.5	D48.5	D49.2
- - - connective tissue	C49.4	C79.8-	-	D21.4	D48.1	D49.2
- - - skin	C44.509					
- - - - basal cell carcinoma	C44.519	-	-	-	-	-
- - - - specified type NEC	C44.599	-	-	-	-	-
- - - - squamous cell carcinoma	C44.529	-	-	-	-	-
- abdominopelvic	C76.8	C79.8-	-	D36.7	D48.7	D49.89
- accessory sinus—see <i>Neoplasm, sinus</i>						
- acoustic nerve	C72.4-	C79.49	-	D33.3	D43.3	D49.7
- adenoid(pharynx) (tissue)	C11.1	C79.89	D00.08	D10.6	D37.05	D49.0
- adipose tissue—see also <i>Neoplasm, connective tissue</i>	C49.4	C79.89	-	D21.9	D48.1	D49.2

Alphabetic Index –Table of Drugs and Chemicals

ICD-10-CM TABLE of DRUGS and CHEMICALS

Substance	Poisoning, Accidental (unintentional)	Poisoning, Intentional self-harm	Poisoning, Assault	Poisoning, Undetermined	Adverse effect	Underdosing
1-propanol	T51.3X1	T51.3X2	T51.3X3	T51.3X4	--	--
2-propanol	T51.2X1	T51.2X2	T51.2X3	T51.2X4	--	--
2,4-D(dichlorophen-oxyacetic acid)	T60.3X1	T60.3X2	T60.3X3	T60.3X4	--	--
2,4-toluene diisocyanate	T65.0X1	T65.0X2	T65.0X3	T65.0X4	--	--
2,4,5-T(trichloro-phenoxyacetic acid)	T60.1X1	T60.1X2	T60.1X3	T60.1X4	--	--
14-hydroxydihydro-morphinone	T40.2X1	T40.2X2	T40.2X3	T40.2X4	T40.2X5	T40.2X6
ABOB	T37.5X1	T37.5X2	T37.5X3	T37.5X4	T37.5X5	T37.5X6
Abrine	T62.2X1	T62.2X2	T62.2X3	T62.2X4	--	--
Abrus(seed)	T62.2X1	T62.2X2	T62.2X3	T62.2X4	--	--
Absinthe	T51.0X1	T51.0X2	T51.0X3	T51.0X4	--	--
- beverage	T51.0X1	T51.0X2	T51.0X3	T51.0X4	--	--
Acaricide	T60.8X1	T60.8X2	T60.8X3	T60.8X4	--	--
Acebutolol	T44.7X1	T44.7X2	T44.7X3	T44.7X4	T44.7X5	T44.7X6
Acecarbromal	T42.6X1	T42.6X2	T42.6X3	T42.6X4	T42.6X5	T42.6X6
Aceclidine	T44.1X1	T44.1X2	T44.1X3	T44.1X4	T44.1X5	T44.1X6
Acedapsone	T37.0X1	T37.0X2	T37.0X3	T37.0X4	T37.0X5	T37.0X6
Acefylline piperazine	T48.6X1	T48.6X2	T48.6X3	T48.6X4	T48.6X5	T48.6X6
Acemorphan	T40.2X1	T40.2X2	T40.2X3	T40.2X4	T40.2X5	T40.2X6
Acenocoumarin	T45.511	T45.512	T45.513	T45.514	T45.515	T45.516
Acenocoumarol	T45.511	T45.512	T45.513	T45.514	T45.515	T45.516
Acepifylline	T48.6X1	T48.6X2	T48.6X3	T48.6X4	T48.6X5	T48.6X6
Acepromazine	T43.3X1	T43.3X2	T43.3X3	T43.3X4	T43.3X5	T43.3X6
Acesulfamethoxy pyridazine	T37.0X1	T37.0X2	T37.0X3	T37.0X4	T37.0X5	T37.0X6
Acetal	T52.8X1	T52.8X2	T52.8X3	T52.8X4	--	--
Acetaldehyde(vapor)	T52.8X1	T52.8X2	T52.8X3	T52.8X4	--	--
- liquid	T65.891	T65.892	T65.893	T65.894	--	--
P-Acetamidophenol	T39.1X1	T39.1X2	T39.1X3	T39.1X4	T39.1X5	T39.1X6
Acetaminophen	T39.1X1	T39.1X2	T39.1X3	T39.1X4	T39.1X5	T39.1X6



Alphabetic Index ~ Index to External Cause of Injuries

ICD-10-CM External Cause of Injuries Index

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#)

A

Abandonment (causing exposure to weather conditions) (with intent to injure or kill) NEC X58

Abuse (adult) (child) (mental) (physical) (sexual) X58

Accident (to) X58

- aircraft (in transit) (powered) —see *also* Accident, transport, aircraft
- - due to, caused by cataclysm —see Forces of nature, by type
- animal-rider —see Accident, transport, animal-rider
- animal-drawn vehicle —see Accident, transport, animal-drawn vehicle occupant
- automobile —see Accident, transport, car occupant
- bare foot water skier V94.4
- boat, boating —see *also* Accident, watercraft
 - - striking swimmer
 - - - powered V94.11
 - - - unpowered V94.12
- bus —see Accident, transport, bus occupant
- cable car, not on rails V98.0
 - - on rails —see Accident, transport, streetcar occupant
- car —see Accident, transport, car occupant
- caused by, due to
 - - animal NEC W64



Tabular List of Diseases and Injuries

Chapter 1

Certain infectious and parasitic diseases (A00-B99)

Includes: diseases generally recognized as communicable or transmissible

Use additional code to identify resistance to antimicrobial drugs (Z16-)

Excludes1: certain localized infections - see body system-related chapters
infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium (O98.-
influenza and other acute respiratory infections (J00-J22)

Excludes2: carrier or suspected carrier of infectious disease (Z22.-)
infectious and parasitic diseases specific to the perinatal period (P35-P39)

This chapter contains the following blocks:

A00-A09	Intestinal infectious diseases
A15-A19	Tuberculosis
A20-A28	Certain zoonotic bacterial diseases
A30-A49	Other bacterial diseases
A50-A64	Infections with a predominantly sexual mode of transmission
A65-A69	Other spirochetal diseases
A70-A74	Other diseases caused by chlamydiae
A75-A79	Rickettsioses
A80-A89	Viral and prion infections of the central nervous system
A90-A99	Arthropod-borne viral fevers and viral hemorrhagic fevers
B00-B09	Viral infections characterized by skin and mucous membrane lesions
B10	Other human herpesviruses
B15-B19	Viral hepatitis
B20	Human immunodeficiency virus [HIV] disease
B25-B34	Other viral diseases
B35-B49	Mycoses
B50-B64	Protozoal diseases
B65-B83	Helminthiases
B85-B89	Pediculosis, acariasis and other infestations
B90-B94	Sequelae of infectious and parasitic diseases
B95-B97	Bacterial and viral infectious agents
B99	Other infectious diseases

Intestinal infectious diseases (A00-A09)

A00 Cholera



Tabular List of Diseases and Injuries

Intestinal infectious diseases (A00-A09)

A00 Cholera

A00.0 Cholera due to *Vibrio cholerae* 01, biovar cholerae
Classical cholera

A00.1 Cholera due to *Vibrio cholerae* 01, biovar eltor
Cholera eltor

A00.9 Cholera, unspecified

A01 Typhoid and paratyphoid fevers

A01.0 Typhoid fever
Infection due to *Salmonella typhi*

A01.00 Typhoid fever, unspecified

A01.01 Typhoid meningitis

A01.02 Typhoid fever with heart involvement
Typhoid endocarditis
Typhoid myocarditis

A01.03 Typhoid pneumonia

A01.04 Typhoid arthritis



ICD-10-CM Official Guidelines for Coding and Reporting

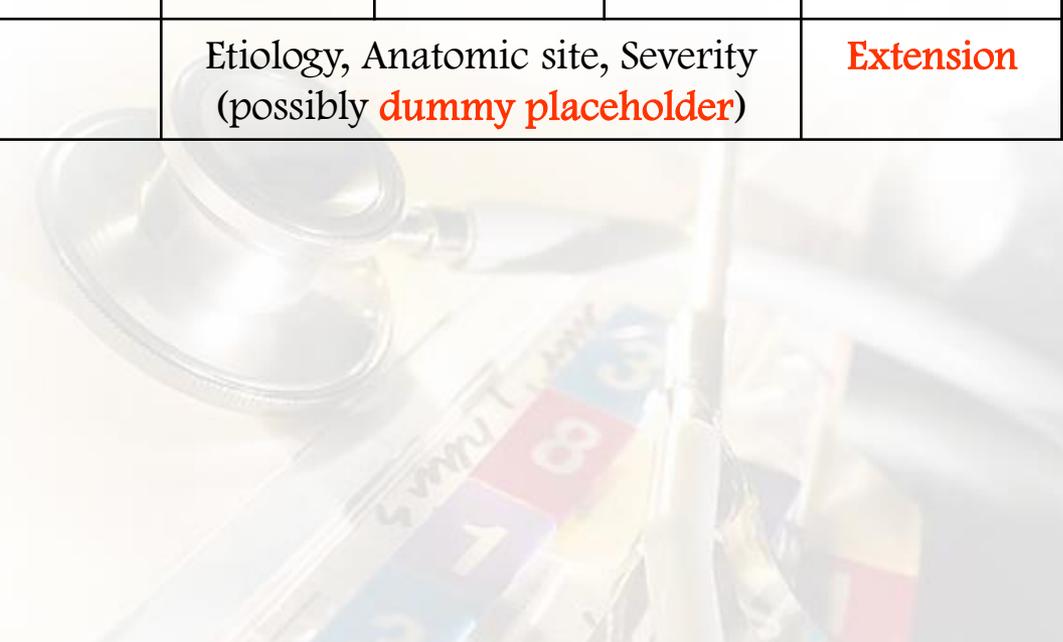
- A set of rules developed by the National Center for Health Statistics (NCHS) that accompany and complement the official conventions and instructions provided within the ICD-10-CM
 - The instructions and conventions of the classification take precedence over the guidelines
 - HIPAA requires adherence to the official coding guidelines in all healthcare settings
- Sections 1 and 4 of the guidelines apply to outpatients
- Updates are published at least annually
 - <http://www.cms.gov/Medicare/Coding/ICD10/Downloads/icd10cm-guidelines-2015.pdf>



Format Structure of ICD-10-CM

ICD-10-CM

Alpha	#	Alpha or #	•	Alpha or #	Alpha or #	Alpha or #	Alpha or #
Category				Etiology, Anatomic site, Severity (possibly dummy placeholder)			Extension





Extensions

- Code extensions (7th character) have been added to specify:
 - Episode of care for injuries and external causes of injuries
 - Fetus number in obstetrics
- Below are a few limited examples:
 - to identify the encounter type
 - A Initial Encounter (or active treatment)
 - D Subsequent Encounter
 - S Sequelae
 - to provide further specificity about the condition being coded
 - K Subsequent encounter for fracture with nonunion
 - for single and multiple gestations, to identify the fetus
 - 0 Not applicable (single gestation) or fetus unspecified
 - 1 fetus 1
 - 9 Other fetus
- The extension may be a number or letter and must always be the 7th character
 - O31.8x21 – Other complications specific to multiple gestation, 1st trimester, fetus 1



Extensions

Abuse

- adult —see Maltreatment, adult
- child —see Maltreatment, child

Maltreatment

- adult
- child
 - abandonment
 - confirmed T74.02
 - suspected T76.02
 - confirmed T74.92
 - history of —see History, personal (of), abuse
 - neglect
 - confirmed T74.02
 - history of —see History, personal (of), abuse
 - suspected T76.02
 - physical abuse
 - confirmed T74.12
 - history of —see History, personal (of), abuse
 - suspected T76.12

T76 Adult and child abuse, neglect and other maltreatment, suspected

Use **additional** code, if applicable, to identify any associated current injury

- Excludes1:** adult and child maltreatment, confirmed (T74.-)
- suspected abuse and maltreatment in pregnancy (O9A.3-, O9A.4-, O9A.5-)
 - suspected adult physical abuse, ruled out (Z04.71)
 - suspected adult sexual abuse, ruled out (Z04.41)
 - suspected child physical abuse, ruled out (Z04.72)
 - suspected child sexual abuse, ruled out (Z04.42)

The appropriate 7th character is to be added to each code from category T76

- A - initial encounter
- D - subsequent encounter
- S - sequela

T76.0 Neglect or abandonment, suspected

T76.01 Adult neglect or abandonment, suspected

T76.02 Child neglect or abandonment, suspected

T76.1 Physical abuse, suspected

T76.11 Adult physical abuse, suspected

T76.12 Child physical abuse, suspected



Placeholders

- Dummy Placeholders are necessary to ensure the accuracy of certain codes
- Dummy Placeholders are always the letter ‘x’ or ‘X’
 - Can be upper or lower case
- Dummy Placeholders have 2 uses
 - When a code has less than 6 characters and a 7th character extension is required ~ the ‘x’ is assigned for all characters less than 6
 - T76.12xA Child physical abuse, suspected, initial encounter
 - 5th character for certain 6 character codes thus providing for future expansion
 - M53.2x7 Spinal instabilities, lumbosacral region



Basics Unit 1 – Review Questions

True/False

1. The World Health Organization (WHO) version of ICD-10 has not been implemented in the United States
2. The 2nd and 3rd characters of a code are always numeric
3. 250.00 is a valid code in ICD-10-CM
4. Code extensions are always the 7th character
5. Dummy placeholders are used when you have no clue what character to use
6. Everyone covered by HIPAA must be ICD-10 compliant starting October 1, 2015
7. ICD-10-PCS codes will replace CPT coding
8. Outpatient claims submitted after October 1, 2015 must contain ICD-10-CM codes



Basics Unit 1 – Coding Exercise

A 17 year old female patient is seen in Family Planning for a scheduled three month pill evaluation. During the workup, her blood pressure is elevated and she has complaints of frequent headaches the past 2 months. Due to the adverse reaction to the Ortho-Novum, she is switched to Cerazette.

- What was the primary reason for the visit?
- What is the key word you will use to look up the primary reason?
- What other problems need to be coded?
- What indexes do you need to use to determine code selection?
- Code the scenario



ICD-10-CM Coding Training

The Basics Course

For Local Health Departments and Rural Health

Unit 2





Basics Unit 1 – Review Questions

True/False

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Basics Unit 1 – Coding Exercise

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Added Features to ICD-10-CM

- ICD-10-CM reflects updated terminology and modern medicine
- ICD-10-CM includes codes for laterality in chapters where laterality is deemed important
 - If a **bilateral** code is not provided and the condition is bilateral, code both left and right side
 - H50.411 Cyclotropia, right eye
 - H50.412 Cyclotropia, left eye
 - There is no code for bilateral
 - When laterality is not **documented**, there is always an unspecified code
 - C50.219 Malignant neoplasm of upper-inner quadrant of unspecified female breast
 - When a condition is bilateral but there are no distinct codes identifying laterality, use the valid code only once
 - N28.1 – Cyst of kidney, acquired



Added Features to ICD-10-CM

ICD-10-CM codes are more specific

- Greater flexibility for expansion when new codes are needed
- Manifestations of diseases may be included in a single code
 - ICD-9-CM: 002.0 Typhoid Fever; 484.8 Pneumonia in other infectious diseases
 - ICD-10-CM: A01.03 Typhoid Pneumonia
- Greater specificity will provide
 - Better statistical data for nosologists, epidemiologists and researchers to track and study disease in the US
 - Claim rejections should be reduced
- Clinical documentation will need to improve in order to code to the highest level of specificity
 - H66.90 Otitis media, unspecified, unspecified ear
 - H66.3x1 Other **chronic suppurative** otitis media, **right** ear



Added Features to ICD-10-CM

- Example of the impact of adding anatomic site and laterality

ICD-9-CM	ICD-10-CM
373.2 Chalazion Meibomian (gland) cyst <i>Excludes: infected meibomian gland (373.12)</i>	H00.1 Chalazion Meibomian (gland) cyst <i>Excludes2: Infected Meibomian gland (H00.02-)</i>
	H00.11 Chalazion <u>right upper</u> eyelid
	H00.12 Chalazion <u>right lower</u> eyelid
	H00.13 Chalazion right eye, unspecified eyelid
	H00.14 Chalazion left upper eyelid
	H00.15 Chalazion left lower eyelid
	H00.16 Chalazion left eye, unspecified eyelid
	H00.19 Chalazion unspecified eye, unspecified eyelid



Added Features to ICD-10-CM

- ICD-10-CM includes full code titles for all codes
 - No referencing back to common 4th and 5th digits
 - ICD-9-CM
 - 682=Other Cellulitis and abscess
 - 682.6= Leg, except foot
 - ICD-10-CM
 - L03.116 Cellulitis of left lower limb
and/or
 - L02.416 Cutaneous Abscess of left lower limb



Added Features to ICD-10-CM

- Consists of 21 Chapters compared to 17 in ICD-9-CM
 - Sense organs are no longer in the nervous system disorders – they have their own Chapters
 - Diseases of the Eye and Adnexa (Chapter 7)
 - Diseases of the Ear and Mastoid Process (Chapter 8)
 - V and E codes are no longer supplemental classifications ~ They have their own Chapters
 - E codes are now in Chapters 19 and 20
 - Injury, poisoning and certain other consequences of external causes (Chapter 19)
 - » T55.0x1A Toxic effect of soaps, accidental, initial encounter
 - External causes of morbidity (Chapter 20)
 - » W29.1xxD Contact with electric knife, subsequent encounter
 - V codes are now in Chapter 21: Factors influencing health status and contact with health services



Added Features to ICD-10-CM (GEMs)

- National Center for Health Statistics has developed Diagnosis Code Set General Equivalence Mappings (GEMs)
 - Bi-directional mappings are available (i.e., 9 to 10 and 10 to 9)
 - <http://www.cdc.gov/nchs/icd/icd10cm.htm>
 - Automated tool developed by AAPC (access available on DPH ICD-10 website under “Additional Resources”)
 - Not a “1 to 1” crosswalk
- Appropriate uses of GEMS
 - When conversion of diagnostic data is going to be done
 - When translating lists of codes for non-clinical purposes
 - For research purposes when trend analysis is needed
- Inappropriate uses of GEMS
 - **Never** use GEMs to crosswalk a diagnosis included in clinical documentation from ICD-9-CM to ICD-10-CM

GEMs Crosswalk provided by AAPC

The screenshot shows a web browser window displaying the NC Division of Public Health website. The browser's address bar shows the URL <http://publichealth.nc.gov/ihd/icd10/resources.htm>. The page features a navigation menu on the left with links such as "Public Health Home", "About Us", "Contacts", "Chronic Disease and Injury", "Commission for Public Health", "Environmental Health", "Epidemiology", "For DPH Employees", "For Local Health Departments", "Health Statistics", "Medical Examiner", "Minority Health", "Oral Health", "State Lab", "Vital Records", and "Women's and Children's Health". The main content area is titled "ICD-10: Additional Resources" and includes a sub-section "For Local Health Departments Navigation" with a list of links: "For Local Health Departments", "Community Health Assessment" (with sub-links for "About CHA", "Assessment Cycle", "Community Health Assessment Reports", "Resources", and "Contacts"), "ICD-10-CM Implementation" (with sub-links for "ICD-10 Implementation Team", "ICD-10 Project Deliverables", "Communications", "Training", "Status", and "Additional Resources"), and "Purchase of Medical Care Services". Below this is an "ICD-10 CODE CONVERSION" tool with a dropdown menu set to "ICD-9 to ICD-10", a text input field containing "250.00", and a "GO" button. The page also features logos for the NC Department of Health and Human Services, the NC Division of Public Health, and the AAPC. At the bottom, there is a "Federal" section with a link to the "Centers for Disease Control and Prevention (CDC)".

GEMs Crosswalk provided by AAPC

The screenshot displays the AAPC website's ICD-10 Code Translator tool. The browser address bar shows the URL: <https://www.aapc.com/icd-10/codes/index.aspx?w=widget2&txtCode=250.00&txtTy>. The page features the AAPC logo with the tagline "Advancing the Business of Healthcare" and a navigation menu with options like Training, Certification, Continuing Education, ICD-10, Jobs, Networking, Resources, Store, and Log In / Join. A prominent banner for "2015 ICD-10 Boot Camps Announced" is visible, along with a "Need Help With ICD-10?" section providing contact information. The main content area is titled "ICD-10 Code Translator" and includes a description of the tool's purpose and a note about its usage. The tool interface shows a selected radio button for "ICD-9 to ICD-10", an input field for "Enter Code: 250.00", and a "GO" button. Below this, the results are displayed in a table with columns for "CODE" and "DESCRIPTOR".

ICD-10 Code Translator

The ICD-10 code online translator tool allows you to compare ICD-9 to ICD-10 codes. ICD-9 is being expanded from 17,000 to approximately 141,000 ICD-10 codes, and this online tool can help you map that expansion. (Note: this tool only converts ICD-10-CM codes, not ICD-10-PCS.)

Note: For a better explanation of the code format, please refer to our [ICD-10 conversion and mapping tutorial](#). For help with mapping, consider our [ICD-10 mapping services](#).

ICD-9 to ICD-10
 ICD-10 to ICD-9

Enter Code:

ICD-9 250.00 > ICD-10

CODE	DESCRIPTOR
E11.9	Type 2 diabetes mellitus without complications

Disclaimer: This tool is based on the General Equivalency Mapping (GEM) files published by CMS, and is not intended to be used as an ICD10 conversion, ICD-10 mapping, or ICD-9 to ICD-10 crosswalk tool. Keep in mind that while many codes in ICD-9-CM map directly to codes in ICD-10, in some cases, a clinical analysis may be required to determine which code or codes should be selected for your mapping. Always review mapping results

ICD-10 CODE CONVERSION
ICD-9 to ICD-10
ICD-10 to ICD-9

Add this ICD-10 code

NCTracks Crosswalk – 9 to 10

Brooks, Sarah - Outlook V x Office of NCTracks - ICD x 2015 ICD-10-CM and GEN x NC Public Health: ICD-10 x

ncmmis.ncdhhs.gov/icdxwalk.asp

Apps Work Retirement

Home Contracts **Go to NCTracks**

ICD 9/10 Crosswalk

Welcome to the latest version of the crosswalk connecting the old ICD-9 codes to the new ICD-10 codes. Remember, there often isn't a one-to-one connection, with some old codes being replaced by dozens to better match the diagnosis. This crosswalk only serves as a preliminary guide. Try it out. See how your codes compare.

The Division of Medical Assistance will be adding ICD-10 codes to clinical policies just before ICD-10 implementation on October 1. Some existing codes may change, so you will want to check back. We will keep you updated.

[Click to send your ICD-10 Questions and Comments](#)

Note: Enter code without the decimal point. Example for 707.10 enter 70710

Select Code type: Enter ICD-9 code:

There was a bad request.

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2:09 PM 4/16/2015

NCTracks Crosswalk – 9 to 10

Brooks, Sarah - Outlook V x Office of NCTracks - ICD 9 x 2015 ICD-10-CM and GEN x NC Public Health: ICD-10 x

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[Click to send your ICD-10 Questions and Comments](#)

Note: Enter code without the decimal point. Example for 707.10 enter 70710

Select Code type: Enter ICD-9 code:

Found 2 results for 25000

ICD-9 Code	Description
25000	DIABETES UNCOMPL ADULT
Related ICD-10 Code(s)	
E139	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS
E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS

2:09 PM 4/16/2015

Added Features to ICD-10-CM (GEMs)

ICD-9-CM >	ICD-10-CM	ICD-10-CM >	ICD-9-CM
003.21 Salmonella Meningitis	A02.21 Salmonella Meningitis	A02.21 Salmonella Meningitis	003.21 Salmonella Meningitis
250.13 Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	E10.10 Type 1 diabetes mellitus with ketoacidosis without coma OR	E10.10 Type 1 diabetes mellitus with ketoacidosis without coma	250.11 Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled
	E10.65 Type 1 diabetes mellitus with hyperglycemia	E10.65 Type 1 diabetes mellitus with hyperglycemia	250.81 Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
		T45.4X6D Underdosing of iron and its compounds, subsequent encounter	No Equivalent Diagnosis Code since Underdosing was not included in ICD-9-CM



Similarities Between 9 and 10 Alphabetic Index

- Alphabetic Index and Tabular List
 - Structured the same as ICD-9-CM

Encounter (with health service) (for) Z76.89

- adjustment and management (of)
- breast implant Z45.81
- implanted device NEC Z45.89
- myringotomy device (stent) (tube) Z45.82
- administrative purpose only Z02.9
- examination for
- adoption Z02.82
- armed forces Z02.3
- disability determination Z02.71
- driving license Z02.4
- employment Z02.1
- insurance Z02.6
- medical certificate NEC Z02.79
- paternity testing Z02.81
- residential institution admission Z02.2
- school admission Z02.0
- sports Z02.5
- specified reason NEC Z02.89
- aftercare —see Aftercare

Asthma, asthmatic (bronchial) (catarrh) (spasmodic) J45.909

- with
- chronic obstructive bronchitis J44.9
- with
- acute lower respiratory infection J44.0
- exacerbation (acute) J44.1
- chronic obstructive pulmonary disease J44.9
- with
- acute lower respiratory infection J44.0
- exacerbation (acute) J44.1
- exacerbation (acute) J45.901
- hay fever —see Asthma, allergic extrinsic
- rhinitis, allergic —see Asthma, allergic extrinsic
- status asthmaticus J45.902



Similarities Between 9 and 10 Alphabetic Index

- Many convention types have same meaning in the Tabular List and Alphabetic Index:
 - Instructional notes
 - Abbreviations and Symbols
 - Punctuation marks
- Alphabetic index includes suggestions for manifestation codes
 - Dementia (degenerative (primary)) (old age) (persisting) F03.90
 - ~ with
 - ~ ~ aggressive behavior F03.91
 - ~ ~ behavioral disturbance F03.91
 - ~ ~ combative behavior F03.91
 - ~ ~ Lewy bodies G31.83 *[F02.80]*
 - ~ ~ ~ with behavioral disturbance G31.83 *[F02.81]*
 - ~ ~ Parkinsonism G31.83 *[F02.80]*
 - ~ ~ ~ with behavioral disturbance G31.83 *[F02.81]*
 - ~ ~ Parkinson's disease G20 *[F02.80]*
 - ~ ~ ~ with behavioral disturbance G20 *[F02.81]*



Similarities Between 9 and 10 Chapters of ICD-10-CM

Table of Contents

- 1 [Certain infectious and parasitic diseases \(A00-B99\)](#)
- 2 [Neoplasms \(C00-D49\)](#)
- 3 [Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism \(D50-D89\)](#)
- 4 [Endocrine, nutritional and metabolic diseases \(E00-E89\)](#)
- 5 [Mental, Behavioral and Neurodevelopmental disorders \(F01-F99\)](#)
- 6 [Diseases of the nervous system \(G00-G99\)](#)
- 7 [Diseases of the eye and adnexa \(H00-H59\)](#)
- 8 [Diseases of the ear and mastoid process \(H60-H95\)](#)
- 9 [Diseases of the circulatory system \(I00-I99\)](#)
- 10 [Diseases of the respiratory system \(J00-J99\)](#)
- 11 [Diseases of the digestive system \(K00-K95\)](#)
- 12 [Diseases of the skin and subcutaneous tissue \(L00-L99\)](#)
- 13 [Diseases of the musculoskeletal system and connective tissue \(M00-M99\)](#)
- 14 [Diseases of the genitourinary system \(N00-N99\)](#)
- 15 [Pregnancy, childbirth and the puerperium \(O00-O9A\)](#)
- 16 [Certain conditions originating in the perinatal period \(P00-P96\)](#)
- 17 [Congenital malformations, deformations and chromosomal abnormalities \(Q00-Q99\)](#)
- 18 [Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified \(R00-R99\)](#)
- 19 [Injury, poisoning and certain other consequences of external causes \(S00-T88\)](#)
- 20 [External causes of morbidity \(V00-Y99\)](#)
- 21 [Factors influencing health status and contact with health services \(Z00-Z99\)](#)



Similarities Between 9 and 10 Tabular List

- Tabular List Example ~ Chapter
Chapter 15

Pregnancy, childbirth and the puerperium (O00-O9A)

Note: CODES FROM THIS CHAPTER ARE FOR USE ONLY ON MATERNAL RECORDS, NEVER ON NEWBORN RECORDS

Codes from this chapter are for use for conditions related to or aggravated by the pregnancy, childbirth, or by the puerperium (maternal causes or obstetric causes)

Trimesters are counted from the first day of the last menstrual period. They are defined as follows:

1st trimester- less than 14 weeks 0 days

2nd trimester- 14 weeks 0 days to less than 28 weeks 0 days

3rd trimester- 28 weeks 0 days until delivery

Use additional code from category Z3A, Weeks of gestation, to identify the specific week of the pregnancy

Excludes1: supervision of normal pregnancy (Z34.-)

Excludes2: mental and behavioral disorders associated with the puerperium (F53)

obstetrical tetanus (A34)

postpartum necrosis of pituitary gland (E23.0)

puerperal osteomalacia (M83.0)



Similarities Between 9 and 10 Tabular List

- Tabular List Example – Chapter 15 (cont'd)
 - Each chapter in the Tabular List begins with a summary of code blocks

This chapter contains the following blocks:

000-008	<u>Pregnancy with abortive outcome</u>
009	<u>Supervision of high risk pregnancy</u>
010-016	<u>Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium</u>
020-029	<u>Other maternal disorders predominantly related to pregnancy</u>
030-048	<u>Maternal care related to the fetus and amniotic cavity and possible delivery problems</u>
060-077	<u>Complications of labor and delivery</u>
080-082	<u>Encounter for delivery</u>
085-092	<u>Complications predominantly related to the puerperium</u>
094-09A	<u>Other obstetric conditions, not elsewhere classified</u>



Similarities Between 9 and 10 Tabular List

- **Tabular List Example – Blocks of Codes**

Other maternal disorders predominantly related to pregnancy (O20-O29)

Excludes2: maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48)
maternal diseases classifiable elsewhere but complicating pregnancy, labor and delivery, and the puerperium (O98-O99)

O20 Hemorrhage in early pregnancy

Includes: hemorrhage before completion of 20 weeks gestation

Excludes1: pregnancy with abortive outcome (O00-O08)

O20.0 Threatened abortion

Hemorrhage specified as due to threatened abortion

O20.8 Other hemorrhage in early pregnancy

O20.9 Hemorrhage in early pregnancy, unspecified

O21 Excessive vomiting in pregnancy

O21.0 Mild hyperemesis gravidarum

Hyperemesis gravidarum, mild or unspecified, starting before the end of the 20th week of gestation

O21.1 Hyperemesis gravidarum with metabolic disturbance

Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as carbohydrate depletion

Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as dehydration

Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as electrolyte imbalance



Instructional Notes Includes

- “Includes” – In Tabular List, defines and/or gives examples of the content of a chapter, section, category, or block of category codes (subcategory)
 - Includes list is not exhaustive so even though a documented diagnosis is not on the list, the code may still be appropriate

E10 Type 1 diabetes mellitus

Includes: brittle diabetes (mellitus)

diabetes (mellitus) due to autoimmune process

diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction

idiopathic diabetes (mellitus)

juvenile onset diabetes (mellitus)

ketosis-prone diabetes (mellitus)

E10.1 Type 1 diabetes mellitus with ketoacidosis

E10.10 Type 1 diabetes mellitus with ketoacidosis without coma

E10.11 Type 1 diabetes mellitus with ketoacidosis with coma



Instructional Notes Includes

- At the code level, there may be a list of terms included in the code but the term “includes” is not used

- Example

E10.2 Type 1 diabetes mellitus with kidney complications

E10.21 Type 1 diabetes mellitus with diabetic nephropathy

Type 1 diabetes mellitus with intercapillary glomerulosclerosis

Type 1 diabetes mellitus with intracapillary glomerulonephrosis

Type 1 diabetes mellitus with Kimmelstiel-Wilson disease

E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease

Type 1 diabetes mellitus with chronic kidney disease due to conditions classified to .21 and .22

Use **additional** code to identify stage of chronic kidney disease (N18.1-N18.6)

E10.29 Type 1 diabetes mellitus with other diabetic kidney complication

Type 1 diabetes mellitus with renal tubular degeneration



Instructional Notes

Excludes 1

- Excludes 1 note
 - Indicates that the code(s) excluded should never be used at the same time as the code above the “Excludes 1” note ~ the 2 conditions cannot occur together
 - In other words: **NOT CODED HERE**
 - Example:

E10 Type 1 diabetes mellitus

- Excludes 1:** diabetes mellitus due to underlying condition (E08.-)
drug or chemical induced diabetes mellitus (E09.-)
gestational diabetes (O24.4-)
hyperglycemia NOS (R73.9)
neonatal diabetes mellitus (P70.2)
postpancreatectomy diabetes mellitus (E13.-)
postprocedural diabetes mellitus (E13.-)
secondary diabetes mellitus NEC (E13.-)
type 2 diabetes mellitus (E11.-)



Instructional Notes

Excludes2

- Excludes2 note
 - Indicates that the condition excluded is not part of the condition represented by the code, but a client may have both conditions at the same time
 - In other words: **NOT INCLUDED HERE**
 - Example:

K03 Other diseases of hard tissues of teeth

- Excludes2:** bruxism (F45.8)
dental caries (K02.-)
teeth-grinding NOS (F45.8)

K03.0 Excessive attrition of teeth

- Approximal wear of teeth
Occlusal wear of teeth



Instructional Notes

Excludes Notes ~ Question

Malnutrition (E40-E46)

Excludes1: intestinal malabsorption (K90.-)
sequelae of protein-calorie malnutrition (E64.0)

Excludes2: nutritional anemias (D50-D53)
starvation (T73.0)

E40 Kwashiorkor

Severe malnutrition with nutritional edema with dyspigmentation of skin and hair

Excludes1: marasmic kwashiorkor (E42)

E41 Nutritional marasmus

Severe malnutrition with marasmus

Excludes1: marasmic kwashiorkor (E42)

- Question 1: Could you code both “E64.0, sequelae of protein-calorie malnutrition ” and “E41, Nutritional marasmus ” on same encounter?
- Question 2a: Could you code both “T73.0, starvation” and “E41, Severe malnutrition with marasmus” on same encounter? Question 2b: On this encounter, can I also code “E42, Marasmic Kwashiorkor”?



Instructional Notes

“See” Notes

- Cross reference notes are “See”, “See also”, “See condition”
- “See” – instructs you to look elsewhere
- “See also” – there is another place to look if the code is not listed here

Pain (s) (see also Painful) R52

- abdominal R10.9
- colic R10.83
- generalized R10.84
- with acute abdomen R10.0
- lower R10.30
- left quadrant R10.32
- pelvic or perineal R10.2
- periumbilical R10.33
- right quadrant R10.31
- rebound—see Tenderness, abdominal, rebound
- severe with abdominal rigidity R10.0
- tenderness—see Tenderness, abdominal
- upper R10.10
- epigastric R10.13
- left quadrant R10.12
- right quadrant R10.11
- acute R52

Tenderness, abdominal R10.819

- epigastric R10.816
- generalized R10.817
- left lower quadrant R10.814
- left upper quadrant R10.812
- periumbilic R10.815
- right lower quadrant R10.813
- right upper quadrant R10.811
- rebound R10.829
- epigastric R10.826
- generalized R10.827
- left lower quadrant R10.824
- left upper quadrant R10.822
- periumbilic R10.825
- right lower quadrant R10.823
- right upper quadrant R10.821

R10.8 Other abdominal pain

R10.81 Abdominal tenderness

Abdominal tenderness NOS

R10.811 Right upper quadrant abdominal tenderness

R10.812 Left upper quadrant abdominal tenderness

R10.813 Right lower quadrant abdominal tenderness

R10.814 Left lower quadrant abdominal tenderness

R10.815 Periumbilic abdominal tenderness

R10.816 Epigastric abdominal tenderness

R10.817 Generalized abdominal tenderness

R10.819 Abdominal tenderness, unspecified site

R10.82 Rebound abdominal tenderness

R10.821 Right upper quadrant rebound abdominal tenderness



Instructional Notes

“See” Notes

- “See condition” – means the term used to look up the diagnosis is not appropriate to identify the code
 - Example from Alphabetic Index

Femur, femoral —*see condition*

Fenestration, fenestrated —*see also* Imperfect, closure

~ aortico-pulmonary Q21.4

~ cusps, heart valve NEC Q24.8

~ - pulmonary Q22.3

~ pulmonic cusps Q22.3

- Condition could be Contusion, Fracture, Neoplasm, etc.



Instructional Notes

“Code” Notes

- “Use Additional Code” – assign an additional secondary code to identify the manifestation due to the underlying etiology

Disease, diseased —see *also* Syndrome

- Alzheimer's G30.9 [F02.80]
- - with behavioral disturbance G30.9 [F02.81]
- - early onset G30.0 [F02.80]
- - - with behavioral disturbance G30.0 [F02.81]

Other degenerative diseases of the nervous system (G30-G32)

G30 Alzheimer's disease

Includes: Alzheimer's dementia senile and presenile forms

Use additional code to identify:

- delirium, if applicable (F05)
- dementia with behavioral disturbance (F02.81)
- dementia without behavioral disturbance (F02.80)

Excludes1: senile degeneration of brain NEC (G31.1)

senile dementia NOS (F03)

senility NOS (R41.81)

G30.0 Alzheimer's disease with early onset

G30.1 Alzheimer's disease with late onset



Instructional Notes

“Code” Notes

- “Code First” – select a code to represent the etiology that caused the manifestation and sequence that first

F02 Dementia in other diseases classified elsewhere

Code first the underlying physiological condition, such as:
Alzheimer's (G30.-)
cerebral lipidosis (E75.4)

Excludes1: dementia with Parkinsonism (G31.83)

Excludes2: dementia in alcohol and psychoactive substance disorders (F10-F19, with .17, .27, .97)
vascular dementia (F01.5-)

F02.8 Dementia in other diseases classified elsewhere

F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance
Dementia in other diseases classified elsewhere NOS

F02.81 Dementia in other diseases classified elsewhere with behavioral disturbance
Dementia in other diseases classified elsewhere with aggressive behavior
Dementia in other diseases classified elsewhere with combative behavior
Dementia in other diseases classified elsewhere with violent behavior

Use additional code, if applicable, to identify wandering in dementia in conditions classified elsewhere (Z91.83)



Abbreviations

- NEC – Not Elsewhere Classifiable
 - Other types of specified conditions not classified anywhere else in ICD-10-CM
 - Alphabetic Index uses NEC in code descriptions to direct the coder to the Tabular List showing a ‘not elsewhere classified’ code description

Hepatitis K75.9

- ~ chronic K73.9
- ~ ~ active **NEC** K73.2
- ~ ~ lobular **NEC** K73.1
- ~ ~ persistent **NEC** K73.0
- ~ ~ specified **NEC** K73.8

K73 Chronic hepatitis, not elsewhere classified

Excludes1: alcoholic hepatitis (chronic) (K70.1-)
drug-induced hepatitis (chronic) (K71.-)
granulomatous hepatitis (chronic) NEC (K75.3)
reactive, nonspecific hepatitis (chronic) (K75.2)
viral hepatitis (chronic) (B15-B19)

K73.0 Chronic persistent hepatitis, not elsewhere classified

K73.1 Chronic lobular hepatitis, not elsewhere classified

K73.2 Chronic active hepatitis, not elsewhere classified

K73.8 Other chronic hepatitis, not elsewhere classified

K73.9 Chronic hepatitis, unspecified



Abbreviations

- NOS – Not Otherwise Specified
 - Used in Alphabetic Index and Tabular List when clinical documentation is insufficient to assign a more specific code
 - Equivalent of “Unspecified”

Pain (s) (see also Painful) R52

- gastric —see Pain, abdominal
- generalized NOS R52
- genital organ
 - female N94.89
 - male N50.8
- groin —see Pain, abdominal, lower
- hand —see Pain, limb, upper
- head —see Headache

R52 Pain, unspecified

Acute pain NOS
Generalized pain NOS
Pain NOS

Excludes1: acute and chronic pain, not elsewhere classified (G89.-)
localized pain, unspecified type - code to pain by site, such as:
abdomen pain (R10.-)
back pain (M54.9)
breast pain (N64.4)
chest pain (R07.1-R07.9)
ear pain (H92.0-)
eye pain (H57.1)
headache (R51)
joint pain (M25.5-)
limb pain (M79.6-)
lumbar region pain (M54.5)
pelvic and perineal pain (R10.2)
shoulder pain (M25.51-)
spine pain (M54.-)
throat pain (R07.0)
tongue pain (K14.6)
tooth pain (K08.8)
renal colic (N23)
pain disorders exclusively related to psychological factors (F45.41)

R53 Malaise and fatigue

R53.0 Neoplastic (malignant) related fatigue



Symbols and Punctuation Marks

- Point Dash symbol (.~)
 - In the Alphabetical Index and Tabular List, used to indicate a code is incomplete
Membranacea placenta O43.19~
- Comma(,)
 - Separate synonyms or essential modifiers follow the comma
Meningococcus, meningococcal (*see also* condition) A39.9
~ adrenalitis, hemorrhagic A39.1
- Parentheses () – used in Alphabetical Index and Tabular List
 - Placed around supplementary words that may be present or absent in the disease statement in the clinical documentation.
 - These terms are known as *nonessential modifiers*
 - Nonessential modifiers do not affect code assignment
 - In tabular, used when codes are included
 - Diabetes, diabetic (mellitus) (sugar) E11.9
 - E11 Type 2 diabetes mellitus
Use additional code to identify any insulin use (Z79.4)



Punctuation Marks

- **Brackets []** ~ used in Alphabetic Index and Tabular List

- Alphabetic Index ~ identify manifestation codes

Parkinsonism (idiopathic) (primary) G20

- with neurogenic orthostatic hypotension (symptomatic) G90.3

- arteriosclerotic G21.4

- dementia G31.83 [F02.80]

-- with behavioral disturbance G31.83 [F02.81]

- Tabular List ~ enclose synonyms, alternative wordings, or explanatory phrases

B06 Rubella [German measles]

- **Colon :** ~ used in Tabular List

- Used with “Includes”, “Excludes”, “Note” or after an incomplete term that needs one or more of the modifiers following the colon to make it assignable to a given category

A85 Other viral encephalitis, not elsewhere classified

Includes: specified viral encephalomyelitis NEC
specified viral meningoencephalitis NEC

Excludes1: benign myalgic encephalomyelitis (G93.3)
encephalitis due to:
cytomegalovirus (B25.8)
herpesvirus NEC (B10.0-)



Relational Terms

- “and” ~ when used within a code title in Tabular List, means “and/or”

M24.87 Other specific joint derangements of ankle **and** foot, not elsewhere classified

M24.871 Other specific joint derangements of right **ankle**, not elsewhere classified

M24.872 Other specific joint derangements of left **ankle**, not elsewhere classified

M24.873 Other specific joint derangements of unspecified **ankle**, not elsewhere classified

M24.874 Other specific joint derangements of right **foot**, not elsewhere classified

M24.875 Other specific joint derangements left **foot**, not elsewhere classified

M24.876 Other specific joint derangements of unspecified **foot**, not elsewhere classified



Relational Terms

- “with” ~ means “associated with” or “due to”
 - Alphabetical Index ~Used in code titles; sequenced immediately following the main term (not in alphabetical order)

Obesity E66.9

- with alveolar hyperventilation E66.2
- adrenal E27.8
- complicating
 - childbirth O99.214
 - pregnancy O99.21-
 - puerperium O99.215
- constitutional E66.8

- Tabular List ~ Used in instructional notes

L71 Rosacea

Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

L71.0 Perioral dermatitis

L71.1 Rhinophyma

L71.8 Other rosacea

L71.9 Rosacea, unspecified



Other Coding Guidelines

Default Codes

Default code – In the Alphabetic Index, a code listed next to a main term

- Condition most commonly associated with the main term; or
- Unspecified code for the condition

Appendicitis (pneumococcal) (retrocecal) K37

- with

-- perforation or rupture K35.2

-- peritoneal abscess K35.3

--- with peritonitis K35.2

-- peritonitis K35.2

--- with perforation or rupture K35.2

--- generalized K35.2

--- localized K35.3

- acute (catarrhal) (fulminating) (gangrenous) (obstructive) (retrocecal) (suppurative) K35.80

-- with

--- perforation or rupture K35.2

--- peritoneal abscess K35.3

---- with peritonitis K35.2

--- peritonitis K35.2

---- with perforation or rupture K35.2

---- localized K35.3

---- generalized K35.2

-- specified NEC K35.89

- amebic A06.89

- chronic (recurrent) K36



Other Coding Guidelines

Impending or Threatened Condition

Code “impending” or “threatened” conditions as follows:

- If the condition occurred, code as confirmed diagnosis
 - Spontaneous Abortion
- If the condition did not occur
 - Go to Alphabetic Index to determine if condition has a subentry for “impending” or “threatened”
 - If subentries are listed, assign given code
 - Hemorrhage due to threatened abortion, 12 weeks gestation
 - If subterms are not listed, code underlying condition(s) – not the condition described as “impending” or “threatened”
 - Reference main term entries for “Impending” or “Threatened”
 - Impending Myocardial Infarction



Other Coding Guidelines

Combination Codes

- Combination Codes are single codes used to classify:
 - Two diagnoses
 - **Chronic tonsillitis and adenoiditis**
 - Diagnosis with associated secondary process (manifestation)
 - **K70.11 Alcoholic hepatitis with ascites**
 - Diagnosis with associated complication
 - **K50.812 Crohn's disease of both small and large intestine with intestinal obstruction**
- Combination codes are identified by:
 - Subterm entries in Alphabetic Index
 - Instructional notes in the Tabular List
- Multiple coding should not be used when the classification provides a combination code that clearly identifies all of the elements documented in the diagnosis
- When the combination code lacks necessary specificity in describing the manifestation or complication, an additional code should be used as a secondary code



Other Coding Guidelines

First Listed Codes

- Golden Rule: List first the code for the diagnosis, condition, problem, or other reason for encounter shown in the client record to be chiefly responsible for the services provided
 - In some cases the first-listed diagnosis may be a symptom when a diagnosis has not been established/confirmed by the clinician
- List additional codes that describe any coexisting condition
 - Code all documented conditions that coexist at the time of the encounter and require or affect the client's treatment or management
 - Do not code conditions that were previously treated but no longer exist
- *9-month old male presents with a rash that started on the stomach and has spread to arms and legs. The child has a low grade fever and mother reports loss of appetite. The child was born with a cleft palate that has been repaired.*



Other Coding Guidelines

- Encounters for routine lab or radiology diagnostic services
 - In the absence of any signs, symptoms, or associated diagnosis
 - Assign code **Z01.89, Encounter for other specified special examinations**
 - If routine testing is performed during the same encounter as a test to evaluate a sign, symptom, or diagnosis
 - Can assign both the code that specifies the reason for the non-routine test as well as the Z01.89 code
 - If test results have been interpreted by a physician, and the final report is available at the time of coding, code any confirmed or definitive diagnosis(es) documented in the interpretation
 - Do not code related signs and symptoms as additional diagnoses
 - This guideline is different for inpatient settings so ensure that clinicians who work in both settings are aware of the outpatient guideline



Other Coding Guidelines

- Encounters for general medical examinations with and without abnormal findings.
 - Use subcategory Z00.0-as first-listed
 - Codes for any abnormal findings are additional codes
- Need to follow the coding conventions as well as general and disease specific guidelines to determine what the first listed diagnosis should be
 - Exceptions to these guidelines for OB clients will be covered under Chapter 15
 - Exceptions to these guidelines for Encounters for routine health screenings will be covered under Chapter 21
- Codes from Chapter 20, External causes of morbidity (V00-Y99) cannot be used as reason for encounter



Other Coding Guidelines

Diagnosis Not Established

- If the diagnosis documented for the encounter is qualified as “probable”, “suspected”, “likely”, “questionable”, “possible”, or “still to be ruled out”, etc., **DO NOT** code the condition as if it existed or was established
 - Code the condition(s) to the highest degree of certainty for that encounter, such as symptoms, signs, abnormal test results, or other reason for the visit
 - Codes from Chapter 21, Factors Influencing Health Status and Contact with Health Services, are available when there is no disease/injury
 - NOTE: This guideline is different for inpatient settings



Other Coding Guidelines

Borderline Diagnosis

- Borderline conditions are not uncertain diagnoses
- Borderline diagnoses are coded as confirmed
 - Unless specific classification for borderline
 - Example: Borderline Diabetes (Key word ‘Borderline’)
- Documentation should support the borderline condition
- Guideline applies to all healthcare settings



Other Coding Guidelines

Other Codes

- Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care treatment or management
 - Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s)
 - History codes (categories Z80-Z87) may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment
 - Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification
 - Signs and symptoms that may not be associated routinely with a disease process should be coded when present



Other Coding Guidelines

Acute and Chronic Conditions

- If the same condition is described as both acute and chronic, and separate subentries exist in the Alphabetic Index at the same indentation level (i.e., a combination code does not exist)
 - code both conditions
 - sequence the acute code first
 - Example:
 - **Abscess** (connective tissue) (embolic) (fistulous) (infective) (metastatic) (multiple) (pernicious) (pyogenic) (septic) L02.91
 - ~ broad ligament N73.2
 - ~ ~ acute N73.0
 - ~ ~ **chronic** N73.1



Other Coding Guidelines

Sequela (Late Effects)

- **Sequela** is the residual effect (condition produced) after the acute phase of an illness or injury has terminated

S52 Fracture of forearm

Note: A fracture not indicated as displaced or nondisplaced should be coded to displaced
A fracture not indicated as open or closed should be coded to closed
The open fracture designations are based on the Gustilo open fracture classification

Excludes1: traumatic amputation of forearm (S58.-)

Excludes2: fracture at wrist and hand level (S62.-)

The appropriate 7th character is to be added to all codes from category S52

A - initial encounter for closed fracture

B - initial encounter for open fracture type I or II

initial encounter for open fracture NOS

C - initial encounter for open fracture type IIIA, IIIB, or IIIC

D - subsequent encounter for closed fracture with routine healing

E - subsequent encounter for open fracture type I or II with routine healing

F - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing

G - subsequent encounter for closed fracture with delayed healing

H - subsequent encounter for open fracture type I or II with delayed healing

J - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing

K - subsequent encounter for closed fracture with nonunion

M - subsequent encounter for open fracture type I or II with nonunion

N - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion

P - subsequent encounter for closed fracture with malunion

Q - subsequent encounter for open fracture type I or II with malunion

R - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion

S - sequela



Other Coding Guidelines

Sequela (Late Effects)

- There is no time limit on when a **sequela** code can be used
- The residual effect may occur early or may occur months or years later
- Two codes are generally required for **sequela**:
 - Condition or nature of the sequela is sequenced first
 - **Sequela** code is sequenced second
- *Client suffered a stroke last week and the residual effect is muscle weakness of the left arm*
 - M62.81 Muscle weakness (generalized)
 - I69.398 Other sequelae of cerebral infarction
- *Chronic left ankle instability following Grade III sprain of the calcaneofibular ligament 6 months prior*
 - M24.272 Disorder of ligament, left ankle
 - S93.412S Sprain of calcaneofibular ligament of the left ankle, sequela



Coding Steps

1. Locate the main term in the Alphabetic Index
 - For Chest Cold, Look up “Cold” then go down list to find “Chest”
2. Scan the main term entry for any instructional notes
 - “see Bronchitis” so look up “Bronchitis”
3. In the diagnosis being coded, identify any terms that modify the main term
 - Nothing under “Bronchitis J40” relates back to Chest Cold
4. Follow any cross-reference notes
5. Always verify the code in the Tabular List
 - (NOTE: **Never** begin code searches using Tabular List – will lead to coding errors!)
 - Go to J40 in the Tabular
6. Follow any instructional notes
 - Do any of the instructions apply to Chest Cold?
7. Select the code
 - J40 is the correct code



Basics Unit 2 – Review Questions

True/False

1. All codes in ICD-10-CM include full code titles
2. GEMs are a crosswalk between ICD-9-CM/ICD-10-CM
3. NEC means “not elsewhere coded”
4. Terms that appear in parentheses must appear in the diagnostic statement being coded
5. AnExcludes2 note represents Not Coded Here
6. The point dash (.) symbol indicates that the code is incomplete
7. A symptom can never be the first-listed diagnosis
8. Instructional notes never appear at the beginning of a Chapter
9. Possible and Rule out diagnoses are coded



Basics Unit 2 ~ Coding Exercises

Use the Coding Steps to Code the following diagnoses

#	Diagnoses
1	25-year-old female presents for her annual well-woman exam. She and her husband are discussing beginning a family. She requests removal of her IUD. She also reports having pain on urination. Following examination and a urinalysis, it is determined she has acute cystitis with blood in urine. She has a history of recurrent UTI's. IUD removed and Amoxicillin prescribed.
2	A 9-month old girl is seen in child health. The mother reports the child has been crying inconsolably and tugging at her right ear. On exam, the tympanic membrane of the right ear is noted to be red and inflamed with suppuration behind the tympanic membrane. She has a history of otitis media. Dx: Otitis Media, right ear
3	23 year old pregnant female is seen in Maternal Health clinic for cough, fever, body aches, sinus pressure. Diagnosis: Upper respiratory infection due to novel influenza A virus and acute frontal sinusitis.
4	12 year old male presents to Child Health clinic with right lower quadrant abdominal pain. Mother reports he has vomited twice this morning. His temperature is 102.2; there is rebound tenderness in the left lower abdomen. Mother is told to take him to the emergency room for possible appendicitis.



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Unit 3





Basics Unit 2 – Review Questions

True/False

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Basics Unit 2 ~ Coding Exercises

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Chapter 21 ~ Z Codes

- **Code Range: Z00~Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00~Y89 are recorded as ‘diagnoses’ or ‘problems’
 - This can arise in two main ways:
 - When a person who may or may not be sick encounters health services for some specific purpose
 - Examples: Prophylactic vaccination (immunization), exam for admission to pre-school
 - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
 - Example: Exposure to cafeteria worker with Hepatitis

Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- Z codes are for use in any healthcare setting
- Depending on circumstances of the encounter, Z codes may be used as either
 - a first-listed code; or
 - secondary code
- Certain Z codes may only be used as first-listed



Chapter 21

Factors influencing health status and contact with health services

Content

Chapter 21 contains the following block – 1st character is Z

Z00-Z13	Persons encountering health services for examinations	Z40-Z53	Encounters for other specific health car
Z14-Z15	Genetic carrier and genetic susceptibility to disease	Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z16	Resistance to antimicrobial drugs	Z66	Do not resuscitate status
Z17	Estrogen receptor status	Z67	Blood type
Z18	Retained foreign body fragments	Z68	Body mass index (BMI)
Z20-Z28	Persons with potential health hazards related to communicable diseases	Z69-Z76	Persons encountering health services in other circumstances
Z30-Z39	Persons encountering health services in circumstances related to reproduction	Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Codes**

- Indicate a client is either
 - carrier of a disease (**Z21-Asymptomatic HIV infection status; Z22.51 Carrier of viral hepatitis B**)
 - has the sequelae or residual of a past disease or condition (**Z98.51 – Tubal ligation status; Z93.3 – Colostomy status**)
- Include such things as the presence of prosthetic or mechanical devices resulting from past treatment (**Z97.0-Presence of artificial eye**)
- Are informative - the status may affect the course of treatment and its outcome (**Z94.0 – Kidney transplant status; Z33.1 – Pregnant state; Z28.3 – Delinquent immunization status**)
- Are distinct from history codes which indicate the client no longer has the condition (**Z85.3 – Personal history of malignant neoplasm of breast; Personal history of tuberculosis**)



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
 - Z79 Long-term (current) drug therapy ~ Indicates a client's continuous use of a prescribed drug (e.g., **Z79.3 – Long term (current) use of hormonal contraceptives**) for the long-term treatment of a chronic condition (e.g., arthritis), for prophylactic use (such as for the prevention of deep vein thrombosis), or a disease requiring a lengthy course of treatment (such as cancer)
 - It is **not** for use for clients who have addictions to drugs
 - It is **not** for use of medications for detoxification or maintenance programs to prevent withdrawal symptoms in patients with drug dependence (e.g., methadone maintenance for opiate dependence)
 - Assign the appropriate code for the drug dependence instead
 - Do not assign a code from category Z79 for medication being administered for a brief period of time to treat an acute illness or injury (such as a course of antibiotics to treat acute bronchitis)

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
 - Z88 Allergy status to drugs, medicaments and biological substances
 - Z89 Acquired absence of limb
 - Z90 Acquired absence of organs, not elsewhere classified
 - Z91.0 Allergy status, other than to drugs and biological substances
 - Z93 Artificial opening status
 - Z94 Transplanted organ and tissue status
 - Z95 Presence of cardiac and vascular implants and grafts
 - Z96 Presence of other functional implants
 - Z97 Presence of other devices
 - Z98 Other post-procedural states
 - Z99 Dependence on enabling machines and devices, not elsewhere classified

Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Status Z codes/categories are:**
 - Z14 Genetic carrier ~ indicates that a person carries a gene, associated with a particular disease, which may be passed to offspring who may develop that disease
 - The person does not have the disease and is not at risk of developing the disease
 - Z15 Genetic susceptibility to disease ~ indicates that a person has a gene that increases the risk of that person developing the disease
 - Codes from category Z15 should not be used as first-listed codes
 - If the client has the condition to which he/she is susceptible, and that condition is the reason for the encounter, the current condition should be first-listed
 - If the client is being seen for follow-up after completed treatment for this condition, and the condition no longer exists a follow-up code should be sequenced first, followed by the appropriate personal history and genetic susceptibility codes
 - If the purpose of the encounter is genetic counseling associated with procreative management, **Z31.5, Encounter for genetic counseling**, should be assigned as the first-listed code, followed by a code from category Z15. Additional codes should be assigned for any applicable family or personal history

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
 - Z16 Resistance to antimicrobial drugs - Code indicates that a client has a condition that is resistant to antimicrobial drug treatment
 - Sequence the infection code first
 - Z17 Estrogen receptor status
 - Z18 Retained foreign body fragments
 - Z21 Asymptomatic HIV infection status - Code indicates that a client has tested positive for HIV but has manifested no signs or symptoms of the disease
 - Z22 Carrier of infectious disease - Indicates that a person harbors the specific organisms of a disease without manifest symptoms and is capable of transmitting the infection
 - Z28 Immunization not carried out and underimmunization status
 - Z33.1 Pregnant state, incidental – secondary code used when the pregnancy is in no way the complicating reason for the visit

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
 - Z66 Do not resuscitate ~ Used when it is documented by the provider that a client is on “Do not resuscitate” (DNR) status
 - Z67 Blood type
 - Z68 Body mass index (BMI)
 - Z74.01 Bed confinement status
 - Z76.82 Awaiting organ transplant status
 - Z78 Other specified health status
 - Z78.1 Physical restraint status, may be used when it is documented by the provider that a client has been put in restraints during the current encounter
 - This code should not be reported when it is documented by the provider that a client is temporarily restrained during a procedure



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **History (of) – Personal and Family**

- Personal history codes explain a client's past medical condition that no longer exists and is not receiving any treatment
 - Has the potential for recurrence, and therefore may require continued monitoring (**Z85.41 – Personal history of malignant neoplasm of cervix uteri**)
 - Personal history codes may be used in conjunction with **follow-up codes**
- Family history codes are for use when a client has family member(s) who have had a particular disease that causes the client to be at higher risk of also contracting the disease
 - Family history codes may be used in conjunction with **screening codes** to explain the need for a test or procedure (**Z82.79 – Family history of other congenital malformations, deformations and chromosomal abnormalities**)
- History codes are acceptable on any medical record regardless of the reason for visit
 - A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **History (of) Z codes/categories are:**
 - Z80 Family history of primary malignant neoplasm
 - Z81 Family history of mental and behavioral disorders
 - Z82 Family history of certain disabilities and chronic diseases (leading to disablement)
 - Z83 Family history of other specific disorders
 - Z84 Family history of other conditions
 - Z85 Personal history of malignant neoplasm
 - Z86 Personal history of certain other diseases
 - Z87 Personal history of other diseases and conditions
 - Z91.4- Personal history of psychological trauma, not elsewhere classified
 - Z91.5 Personal history of self-harm
 - Z91.8- Other specified personal risk factors, NEC (Except Z91.83)
 - Z92 Personal history of medical treatment (Except Z92.0 and Z92.82)



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes**

- These codes capture a number of other health care encounters that do not fall into one of the other categories
 - May identify the reason for the encounter
 - May be used as additional codes to provide useful information on circumstances that may affect a patient's care and treatment

- **Miscellaneous Z codes/categories**

- Z28 Immunization not carried out
 - **Z28.01 Immunization not carried out because of acute illness of patient**
- Z40 Encounter for prophylactic surgery
- Z41 Encounter for procedures for purposes other than remedying health state
- Z53 Persons encountering health services for specific procedures and treatment, not carried out
 - **Z53.09 Procedure and treatment not carried out because of other contraindication**

Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Miscellaneous Z codes/categories (cont'd)**
 - Z55 Problems related to education and literacy
 - Z56 Problems related to employment and unemployment
 - Z57 Occupational exposure to risk factors
 - Z58 Problems related to physical environment
 - Z59 Problems related to housing and economic circumstances
 - Z60 Problems related to social environment
 - Z62 Problems related to upbringing
 - Z63 Other problems related to primary support group, including family circumstances
 - Z64 Problems related to certain psychosocial circumstances
 - Z65 Problems related to other psychosocial circumstances



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes/categories (cont'd)**
 - Z72 Problems related to lifestyle
 - Z73 Problems related to life management difficulty
 - Z74 Problems related to care provider dependency
 - Except: Z74.01, Bed confinement status
 - Z75 Problems related to medical facilities and other health care
 - Z76.0 Encounter for issue of repeat prescription
 - Z76.3 Healthy person accompanying sick person
 - Z76.4 Other boarder to healthcare facility
 - Z76.5 Malingerer [conscious simulation]
 - Z91.1~ Patient's noncompliance with medical treatment and regimen
 - Z91.83 Wandering in diseases classified elsewhere
 - Z91.89 Other specified personal risk factors, not elsewhere classified



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Z Codes That May Only be First-Listed Diagnosis**
 - Except when there are multiple encounters on the same day and the medical records for the encounters are combined
 - Z00 Encounter for general examination without complaint, suspected or reported diagnosis
 - Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
 - Z02 Encounter for administrative examination
 - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
 - Z04 Encounter for examination and observation for other reasons
 - Z33.2 Encounter for elective termination of pregnancy
 - Z31.81 Encounter for male factor infertility in female patient
 - Z31.82 Encounter for Rh incompatibility status
 - Z31.83 Encounter for assisted reproductive fertility procedure cycle

Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Z Codes That May Only be First-Listed Diagnosis (cont'd)**
 - Z31.84 Encounter for fertility preservation procedure
 - Z34 Encounter for supervision of normal pregnancy
 - Z39 Encounter for maternal postpartum care and examination
 - Z38 Liveborn infants according to place of birth and type of delivery
 - Z51.0 Encounter for antineoplastic radiation therapy
 - Z51.1~ Encounter for antineoplastic chemotherapy and immunotherapy
 - Z52 Donors of organs and tissues
 - Except: Z52.9, Donor of unspecified organ or tissue
 - Z76.1 Encounter for health supervision and care of foundling
 - Z76.2 Encounter for health supervision and care of other healthy infant and child
 - Z99.12 Encounter for respirator [ventilator] dependence during power failure



Chapter 21 ~ Immunizations

- **Inoculations and vaccinations (Code Z23)**

- **Z23** Encounter for immunization

Code first any routine childhood examination

- Indicates client is being seen to receive a prophylactic inoculation against a disease
 - Procedure codes are required to identify the actual administration of the injection and the type(s) of immunizations given
 - Code Z23 may be used as a secondary code if the inoculation is given as a routine part of preventive health care, such as a well-baby visit
 - **Z00.129** Encounter for routine child health examination without abnormal findings
 - **Z23** Encounter for immunization



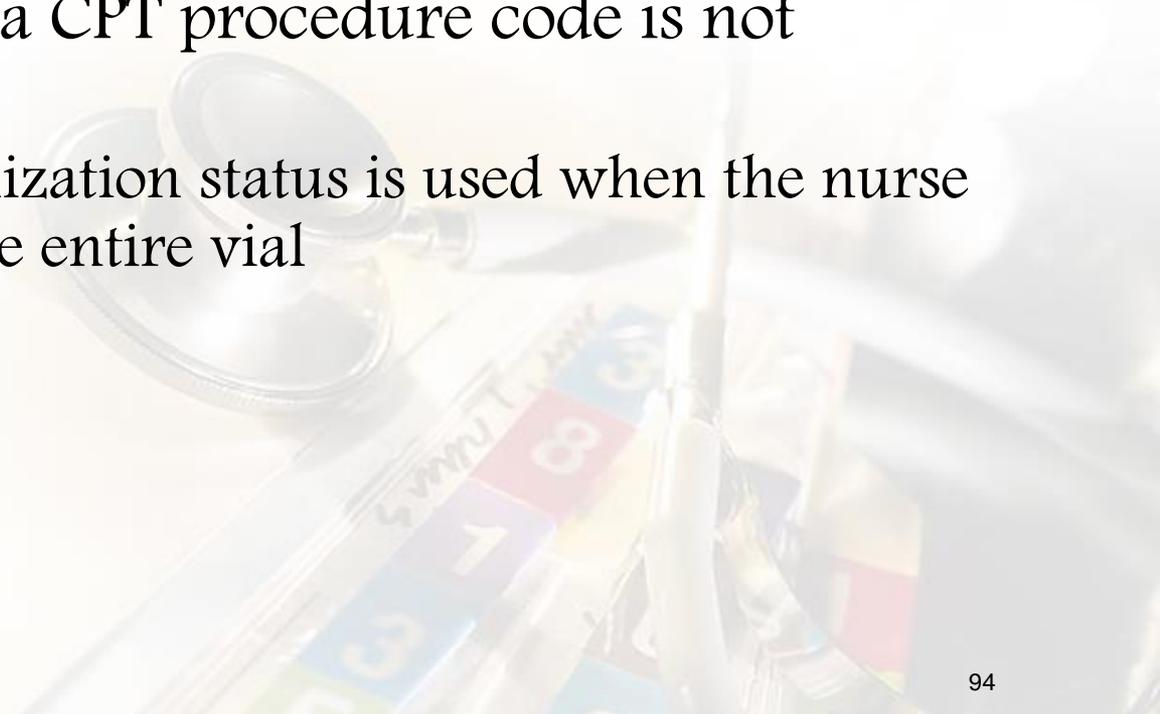
Chapter 21 ~ Immunizations

- Z28 Immunization not carried out (*except for Z28.3*)
 - Z28.0~ Immunization not carried out because of contraindication
 - e.g., acute illness, patient allergy
 - Z28.1 Immunization not carried out because of patient decision for reasons of belief or group pressure
 - Z28.2~ Immunization not carried out because of patient decision for other and unspecified reason
 - e.g., patient refusal
 - Z28.8~ Immunization not carried out for other reason
 - Z28.9 Immunization not carried out for unspecified reason
- Z28.3, Underimmunization status
 - Includes delinquent or lapsed immunization schedule status



Basics Unit 3 – Review Questions

True/False

1. A status code is distinct from a history code
 2. Code Z23 is for administration of inoculations and vaccinations
 3. Code Z23 must always be first-listed
 4. If a Z code is used, a CPT procedure code is not necessary
 5. Z28.3, Underimmunization status is used when the nurse fails to administer the entire vial
- 



Basics Unit 3 ~ Coding Exercises

Use the Coding Steps to Code the following diagnoses

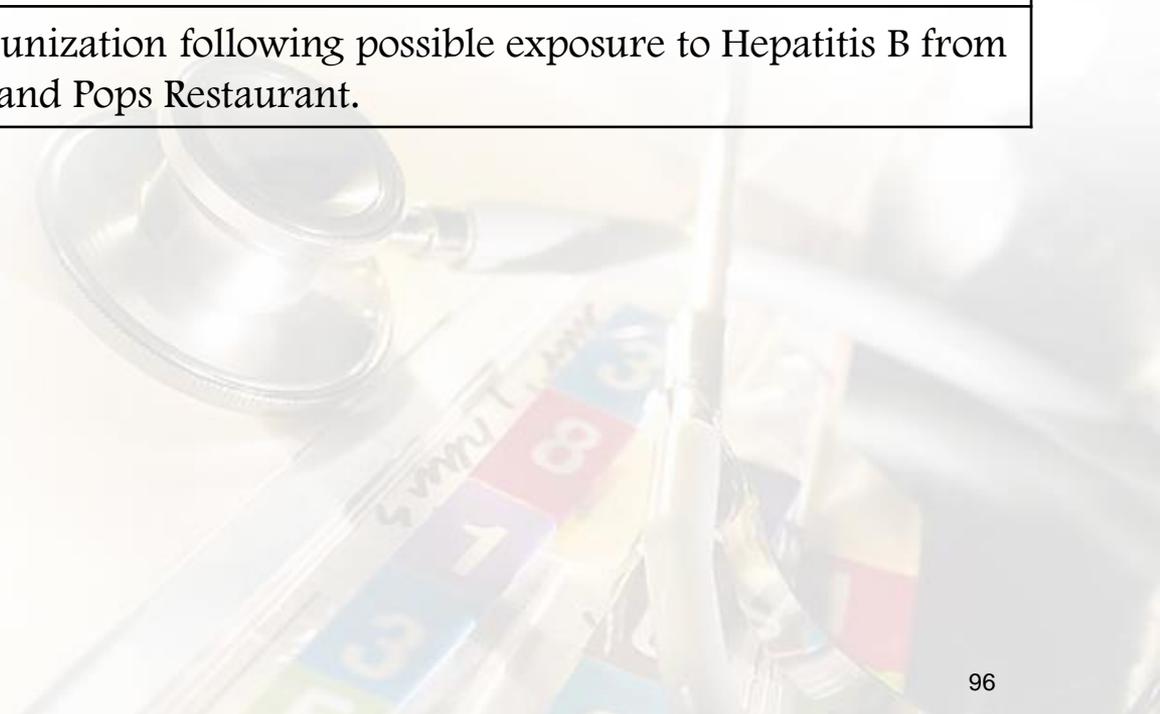
#	Diagnoses
1	Examination of left leg below the knee following exposure to Rabies via dog bite. The wound is clean with no signs of infection. The client received an initial Rabies vaccine administration during the visit.
2	Well child visit of 6 year old female resulted in no abnormal findings. An influenza vaccine was administered.
3	A 30 year old pregnant female presents to the health department to receive vaccinations for foreign travel. She is traveling to a country that requires her to be immunized against Yellow Fever. Health Department policy does not permit vaccinating pregnant women.
4	A 12 month old boy is brought to clinic for routine immunizations by his mother. The mother reports child had a fever the evening before and she noticed a fine rash on his chest and back this morning. Since child still has a fever and rash, the immunization was not administered.



Basics Unit 3 ~ Coding Exercises

Use the Coding Steps to Code the following diagnoses

#	Diagnoses
5	A health department employee who works in the laboratory reports being stuck in the finger by a needle after drawing blood from a patient. She reports to the immunization clinic per her supervisor's recommendation where a tetanus booster is administered.
6	Mrs. Jones is seen for immunization following possible exposure to Hepatitis B from a kitchen worker at Mom and Pops Restaurant.





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Basics Unit 3 – Review Questions

True/False

1. A status code is distinct from a history code

Answer: True (A status code is distinct from a history code; The history code indicates that the patient no longer has the condition)

2. Code Z23 is for administration of inoculations and vaccinations

Answer: False (Code Z23 is for **encounters** for inoculations and vaccinations – a CPT code is used for the injection/administration)

3. Code Z23 must always be first-listed

Answer: False (It is first listed if that is reason for the encounter; if client is seen for something else (such as child health exam) and a vaccination is administered, Z23 would be an additional diagnosis)

4. If a Z code is used, a CPT procedure code is not necessary

Answer: False (CPT procedure codes are always required for each encounter)

5. Z28.3, Underimmunization status is used when the nurse fails to administer the entire vial

Answer: False (Includes delinquent or lapsed immunization schedule status)



Basics Unit 3 ~ Coding Exercises

Use the Coding Steps to Code the following diagnoses

#	Diagnoses
1	<p>Examination of left leg below the knee following exposure to Rabies via dog bite. The wound is clean with no signs of infection. The client received an initial Rabies vaccine administration during the visit.</p> <p>S81.852A Open bite, left lower leg, initial encounter; Z20.3 is Contact with and (suspected) exposure to rabies; Z23 is Encounter for immunization; W54.0xxA – Bitten by dog, initial encounter; (Note: If clinician is able to rule out rabies and documents this, could use Z04.8)</p>
2	<p>Well child visit of 6 year old female resulted in no abnormal findings. An influenza vaccine was administered.</p> <p>Z00.129 is Encounter for routine child health exam with no abnormal findings; Z23 is encounter for immunization – In tabular, it states to code first any routine childhood examination and there is a NOTE that procedure codes need to identify immunization type. Is there any need to refer to the Table of Drugs and Chemicals? No since no adverse effect is reported.</p>

Basics Unit 3 ~ Coding Exercises

Use the Coding Steps to Code the following diagnoses

#	Diagnoses
3	<p>A 30 year old pregnant female presents to the health department to receive vaccinations for foreign travel. She is traveling to a country that requires her to be immunized against Yellow Fever. Health Department policy does not permit vaccinating pregnant women.</p> <p>Z28.09 – Immunization not carried out because of other contraindication; Z33.1 – pregnant state</p>
4	<p>A 12 month old boy is brought to clinic for routine immunizations by his mother. The mother reports child had a fever the evening before and she noticed a fine rash on his chest and back this morning. Since child still has a fever and rash, the immunization was not administered.</p> <p>Z28.01 – Immunization not carried out because of acute illness of patient; R50.9 - Fever NOS; R21 – Rash</p>



Basics Unit 3 ~ Coding Exercises

Use the Coding Steps to Code the following diagnoses

#	Diagnoses
5	<p>A health department employee who works in the laboratory reports being stuck in the finger by a needle after drawing blood from a patient. She reports to the immunization clinic per her supervisor's recommendation where a tetanus booster is administered.</p> <p>Z23 - Encounter for immunization; Z77.21 – Contact with and (suspected) exposure to potentially hazardous body fluids; S61.249A - Puncture wound with foreign body of unspecified finger without damage to nail, initial encounter; W46.0xxA - Contact with hypodermic needle, initial encounter; Y92.538 - Other ambulatory health services establishments as the place of occurrence of the external cause</p>
6	<p>Mrs. Jones is seen for immunization following possible exposure to Hepatitis B from a kitchen worker at Mom and Pops Restaurant.</p> <p>Z23 – Encounter for immunization; Z20.5 - Contact with and (suspected) exposure to viral hepatitis</p>



Basics Unit 1 – Review Questions

True/False

1. The World Health Organization (WHO) version of ICD-10 has not been implemented in the United States

Answer: False (Since 1999, the US has used ICD-10 for mortality reporting – death certificates. When ICD-10-CM is implemented, the US will use this for morbidity reporting – diseases or causes of illness)

2. The 2nd and 3rd characters of a code are always numeric

Answer: False (Second is always numeric; 3-7 can be alpha or numeric)

3. 250.00 is a valid code in ICD-10-CM

Answer: False (Must begin with an alpha character)

4. Code extensions are always the 7th character

Answer: True



Basics Unit 1 – Review Questions

True/False

5. Dummy placeholders are used when you have no clue what character to use

Answer: False (Used as the 5th character for certain 6 character codes thus providing for future expansion; Used when a code has less than 6 characters and a 7th character extension is required - the 'x' is assigned for all characters less than 6 in order to meet the requirement of coding to the highest level of specificity)

6. Everyone covered by HIPAA must be ICD-10 compliant starting October 1, 2015

Answer: True

7. ICD-10-PCS codes will replace CPT coding

Answer: False (In outpatient settings, CPT will continue to be used for procedure coding. ICD-10-PCS is for inpatient procedures only.)

8. Outpatient claims submitted after October 1, 2015 must contain ICD-10-CM codes

Answer: False (if date of service on claim is prior to 10/1/15, ICD-9-CM codes must be used)



Basics Unit 1 – Coding Exercise

A 17 year old female patient is seen in Family Planning for a scheduled three month pill evaluation. During the workup, her blood pressure is elevated and she has complaints of frequent headaches the past 2 months. Due to the adverse reaction to the Ortho-Novum, she is switched to Cerazette.

- What was the primary reason for the visit? **Pill Evaluation**
- What is the key word you will use to look up the primary reason?
Prescription (If you looked under ‘Evaluation’ or ‘Family Planning’, you did not find what you were looking for)
- What other problems need to be coded? **Adverse reaction to Ortho-Novum, elevated blood pressure and frequent headaches**
- What indexes do you need to use to determine code selection?
Alphabetic Index and Table of Drugs and Chemicals
- Code the scenario **Primary reason is: Encounter for surveillance of contraceptive pills – Z30.41; Adverse Effect of oral contraceptives (T38.4x5A); Elevated blood pressure reading, without dx of hypertension (R03.0); Headache (R51). You could say the blood pressure and headaches do not need to be coded since they are common side effects for the adverse drug reaction but this information could be useful clinically and for research purposes.**



Basics Unit 2 – Review Questions

True/False

1. All codes in ICD-10-CM include full code titles

Answer: True (Include full code titles except when 7th character code extensions are required)

2. GEMs are a crosswalk between ICD-9-CM/ICD-10-CM

Answer: False (There is not a 1 to 1 crosswalk between ICD-9 and ICD-10; equivalence only)

3. NEC means “not elsewhere coded”

Answer: False (NEC means not elsewhere classified)

4. Terms that appear in parentheses must appear in the diagnostic statement being coded

Answer: False (Terms that are in parentheses are nonessential modifiers – they provide additional info about the main term and do not affect code assignment)

5. AnExcludes2 note represents Not Coded Here

Answer: False (Excludes1 means not coded here; Excludes2 means if the client has both conditions, you can code both)



Basics Unit 2 – Review Questions

True/False

6. The point dash (.) symbol indicates that the code is incomplete

Answer: True (Point dash symbol indicates the code is incomplete)

7. A symptom can never be the first-listed diagnosis

Answer: False (Symptoms can be first-listed when a diagnosis has not been established/confirmed by the clinician)

8. Instructional notes never appear at the beginning of a Chapter

Answer: False (There may be instructional notes at the beginning of a chapter that apply to the entire Chapter)

9. Possible and Rule out diagnoses are coded

Answer: False (Possible, probable or rule out diagnoses are not coded in outpatient settings; the rule is different for inpatients)



Basics Unit 2 ~ Coding Exercises

Use the Coding Steps to Code the following diagnoses

#	Diagnoses
1	<p>25-year-old female presents for her annual well-woman exam. She and her husband are discussing beginning a family. She requests removal of her IUD. She also reports having pain on urination. Following examination and a urinalysis, it is determined she has acute cystitis with blood in urine. She has a history of recurrent UTI's. IUD removed and Amoxicillin prescribed.</p> <p>Z00.00 Encounter for general adult medical examination; Z30.432 Encounter for removal of intrauterine contraceptive device; N30.01 (Go to Cystitis, acute, with hematuria); Also need to code the bacteria if known but for this example the bacteria is unknown; Z87.440 Personal history of UTI's</p>
2	<p>A 9-month old girl is seen in child health. The mother reports the child has been crying inconsolably and tugging at her right ear. On exam, the tympanic membrane of the right ear is noted to be red and inflamed with suppuration behind the tympanic membrane. She has a history of otitis media. Dx: Otitis Media, right ear</p> <p>H66.91 Otitis media, unspecified, right ear (Documentation substantiates specifying right ear but clinicians should always specify laterality in their diagnosis. Need more documentation in order to code to higher level of specificity such as chronic or acute, suppurative, with or without rupture of ear drum)</p>

Basics Unit 2 ~ Coding Exercises

Use the Coding Steps to Code the following diagnoses

#	Diagnoses
3	<p>23 year old pregnant female is seen in Maternal Health clinic for cough, fever, body aches, sinus pressure. Diagnosis: Upper respiratory infection due to novel influenza A virus and acute frontal sinusitis.</p> <p>J09.x2 – Influenza due to identified novel influenza A virus with other respiratory manifestations; J01.10 – Acute frontal sinusitis, unspecified; Z33.1 – Pregnant state (Do not use a code from Chapter 15 since there is no documentation that the virus is complicating the pregnancy)</p>
4	<p>12 year old male presents to Child Health clinic with right lower quadrant abdominal pain. Mother reports he has vomited twice this morning. His temperature is 102.2; there is rebound tenderness in the left lower abdomen. Mother is told to take him to the emergency room for possible appendicitis.</p> <p>R10.31 (Go to Pain, abdominal, lower); R10.824 (Pain, abdominal, rebound – refers you to key word Tenderness); R11.10 (Vomiting unspecified). Cannot code possible, probable, etc. in outpatient settings.</p>



Evaluation and Questions

Evaluation Forms are located in the ICD-10-CM Basic Coding Training Workbook and at:

<http://publichealth.nc.gov/lhd/icd10/docs/training>

Submit Evaluation Forms to:

Marty.Melvin@dhhs.nc.gov